

MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL

Policy Subject: Quality Assurance Committees	
Policy Number: PIP 07	Standards/Statutes: ARM 37.27.130
Effective Date: 01/01/02	Page 1 of 2

PURPOSE: To improve the overall quality of care through various committees.

POLICY: Quality Assurance Committees are a collective group of various committees that systemically review areas of patient care and monitor process, cause analysis and approaches of intervention to improve quality of patient care, performance of employees and facility growth.

PROCEDURE:

I. Numerous Committees have been composed to address the Quality Assurance. These committees are listed as follows.

II. Chart Audit Committee –This committee is composed of one representatives from Nursing, Medical Records, Mental Health and Admissions. The committee no more than 4 times a month. The purpose the committee is to review opened and closed chart and identifies deficient areas. Corrective Action measures are recommended by the committee, to improve identified deficiencies. Meeting minutes are recorded for every meeting and with quarterly monitoring and data analysis

III. Discharge Committee – This committee is composed of one representative from MH, Admission, Nursing and 2 CD counselors and the Clinical Supervisor. The purpose of the committee is to decrease the number of patient's who leave treatment under an Against Medical Advise and At Staff Request Discharge.

This committee meets no more than 4 times a month. Deficient areas are identified and corrective action measure recommended. Meeting minutes are recorded for each meeting. Data analysis for AMA's and ASR discharges is being monitored on a quarterly basis.

IV. Seizure/DT review – If any patient experiences a seizure or delirium tremens during the course of their treatment, a medical/nursing committee will complete a case study on the situation. The review committee will consist of a minimum of one physician and one nurse and will meet in a timely manner following the medical event. After reviewing all information, the committee will assess the medical and nursing care the patient received and evaluate if all policies and procedures were followed. As necessary, the committee will make recommendations.

V. Pharmacy and Therapeutic Committee – This committee meets on a quarterly basis. It consists of the head pharmacist from MedManagement, the medical director at MCDC, the director of nursing at MCDC, and two direct care nurses. The purpose of the committee is to discuss any issues regarding medication management and to work on resolution of any recognized problems, as necessary. All medication errors are reviewed and recommendations, as necessary, are made to guarantee quality improvements. The director of nursing is the chair of the committee and is responsible to implement any new policies and procedures that the committee recommends.

VI. Patient Surveys - Patient's are encouraged to evaluate numerous areas of their care while in treatment through completing a patient satisfaction survey, during the aftercare group. Patients anonymously complete the survey and ratings of "excellent" and "above average" are evaluated and monitored on quarterly basis. Patients are allowed the opportunity to offer suggestions for change to improve services. Management team has begun to review suggestions to improve services, during the weekly management meeting and evaluate the appropriateness of implementing the recommended changes.

Revisions: _____

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